

French district nurses' opinions towards euthanasia, involvement in end-of-life care and nurse–patient relationship: a national phone survey

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Objectives: To assess French district nurses' opinions towards euthanasia and to study factors associated with these opinions, with emphasis on attitudes towards terminal patients.

Design and setting: An anonymous telephone survey carried out in 2005 among a national random sample of French district nurses.

Participants: District nurses currently delivering home care who have at least 1 year of professional experience. Of 803 district nurses contacted, 602 agreed to participate (response rate 75%).

Main outcome measures: Opinion towards the legalisation of euthanasia (on a five-point Likert scale from "strongly agree" to "strongly disagree"), attitudes towards terminal patients (discussing end-of-life issues with them, considering they should be told their prognosis, valuing the role of advance directives and surrogates).

Results: Overall, 65% of the 602 nurses favoured legalising euthanasia. Regarding associated factors, this proportion was higher among those who discuss end-of-life issues with terminal patients (70%), who consider competent patients should always be told their prognosis (81%) and who value the role of advance directives and surrogates in end-of-life decision-making for incompetent patients (68% and 77% respectively). Women and older nurses were less likely to favour legalising euthanasia, as were those who believed in a god who masters their destiny.

Conclusions: French nurses are more in favour of legalising euthanasia than French physicians; these two populations contrast greatly in the factors associated with this support. Further research is needed to investigate how and to what extent such attitudes may affect nursing practice and emotional well-being in the specific context of end-of-life home care.

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In most developed countries, the ongoing debate about euthanasia is primarily focused on physicians' attitudes and practices, while those of nurses are seldom given much attention. However, in most cultural contexts, nurses are the cornerstone of end-of-life care, as they play a key role in using a patient-centred approach to understand the wishes of patients and their families and to act on this understanding as advocates for patients and families in the decision-making process.^{1–6} As a consequence, nurses are frequently the first care givers to receive a patient's request for euthanasia, and sometimes they are also involved in the decision-making process and in carrying out the request.^{7–11} Several studies have also suggested that nurses perform patient-requested euthanasia more frequently than physicians, occasionally without consulting a physician.^{1 12 13} Instead of actively performing it, they may also simply not interfere with patient or family plans to hasten death.¹⁴ Nurses involved in euthanasia frequently explained that they experience a patient's suffering as morally wrong and stated that "no one should die in pain".¹⁵ This is consistent with the arguments of proponents of the legalisation of euthanasia who see a continuum between patient-centred end-of-life care and euthanasia and claim that care givers must respect individuals' autonomy, including the patients' right to request a "death in dignity".^{16–18}

In France, euthanasia is a controversial issue, which is blurred by the lack of a substantive definition of euthanasia.¹⁹ Indeed, the current definition does not specify what medical practices constitute euthanasia. The French Code of Medical Ethics clearly states that a health professional has no right to

cause a patient's death intentionally, but this rule is challenged by the influential Association for the Right to Die with Dignity and by recent expert reports and new bills. For example, in 2000 the National Advisory Board on Ethics acknowledged that euthanasia might be considered at the patient's request in some exceptional cases. Since April 2005, the law has acknowledged the right of terminally ill patients to refuse life-sustaining treatment and the role of advance directives and surrogates in end-of-life decision-making for incompetent patients; it also defines and prohibits "unreasonable medical obstinacy", and it recognises that treatments aiming to alleviate suffering may shorten life. Moreover, French health authorities are currently seeking to develop end-of-life home care, which includes nursing care provided by district nurses with the assistance of home palliative care support teams.²⁰ Over the next decade, district nurses are likely to be increasingly confronted with requests for euthanasia and with end-of-life practices that are frequently considered euthanasia (prescribing palliative sedation or high-dose morphine, withdrawing life-sustaining treatments), at least by physicians and the public.^{21–24}

This report aims to assess French district nurses' opinions towards euthanasia, using data from a nationwide survey conducted in 2005 by the Southeastern Health Regional Observatory and the Health and Medical Research National Institute. We also investigated factors associated with these opinions, with special emphasis on those related to the nurse–patient relationship, because in previous studies we found that French physicians' opinions towards euthanasia were closely correlated with their attitudes towards terminal patients, a

finding that is in contradiction with assumptions made in standard pro-legalisation arguments.^{19–23}

METHODS

Sampling and data collection

From May to September 2005, an anonymous telephone survey was carried out among a national random sample of French district nurses (using a computer-assisted telephone interview system). Eligible subjects were nurses currently delivering home care with at least 1 year of professional experience. In France, most nurses are women, but we assumed that gender may shape beliefs, attitudes and practices towards end-of-life issues. Then we stratified the sample to ensure adequate representation of men. First, we randomly selected 2400 nurses from the complete file of French nurses kept by the private society CEGEDIMTM. In this sample, all men ($n = 233$) and only one-third of women (722 out of 2187) were contacted to participate in the survey. With a conservative expected response rate of 50% (taking into account wrong phone numbers, ineligibility and refusals), we anticipated obtaining a sample of 500 respondents. This expected sample size would provide reasonably narrow confidence intervals for a p value of 0.1 (for example, 90% CI 46% to 54% for an estimated proportion of 50%).

The final sample was weighted so that the distribution of the sample matched current estimates from the Ministry of Health regarding nurses' age, urban/rural classification and organisation of professional practice (associated nurses versus nurses working alone).

Questionnaire

An expert group comprising physicians, nurses and sociologists developed the questionnaire, which included 150 closed-ended questions. An early version of the questionnaire was tested and discussed by 20 nurses in a pilot survey. Most questions had been already successfully used in a previous survey conducted among French physicians.²³ One question, using a five-point Likert scale ("strongly agree", "agree", "neither agree nor disagree", "disagree", "strongly disagree"), assessed nurses' opinions about whether euthanasia should be legalised for patients with a terminal illness or an incurable condition (euthanasia was defined as a medical act that deliberately ends the life of a patient). Phone surveys may induce response bias due to social desirability²⁵, but such bias is usually minimised by introducing an intermediate item such as "neither agree nor disagree".^{26–27}

Other questions investigated the respondents' personal and professional background (gender, age, religiosity, training in palliative care, attending to conferences or congresses in the field of palliative care or pain management, experience with end-of-life care) and their attitudes towards terminal patients (discussing end-of-life issues and communicating prognosis, attitudes towards advance directives and surrogates for incompetent patients).

Statistical analysis

The five-point scale used in the question about legalisation of euthanasia was collapsed into a binary outcome ("strongly agree" and "agree" versus other items). First, we used Pearson's χ^2 to test the relationships between respondents' characteristics and this binary outcome.

Second, to investigate factors associated with attitudes towards legalisation of euthanasia while controlling for potential confounding factors, we computed a multivariate logistic model with a stepwise method (entry threshold $p = 0.1$). In order to check the robustness of our model, we tested an alternative model with a ternary dependent variable

("agree", "neither agree nor disagree", "disagree"), but the models led to very similar results.

RESULTS

Data collected

Of the 955 district nurses contacted, 152 were not asked to participate in the survey because of a wrong phone number or ineligibility (insufficient professional experience, not delivering home care, retired). Of the remaining 803 nurses, 602 agreed to participate (451 women and 151 men) and 201 (161 women and 40 men) refused. The response rate was 74% of the women and 79% of the men. Non-respondents were asked to fill in a brief refusal questionnaire. They were slightly older than respondents and most often attributed their refusal to be interviewed to a lack of time.

District nurses' opinions towards the legalisation of euthanasia

Overall, 28% of nurses strongly agreed that "euthanasia should be legalised for patients with a terminal illness or an incurable condition", 37% agreed, 15% neither agreed nor disagreed, 9% disagreed, and 11% strongly disagreed (table 1). After these responses were collapsed into a binary outcome, roughly two-thirds of district nurses considered that euthanasia should be legalised.

Nurses' attitudes towards terminally ill patients

Concerning nurse-patient communication, only 36% of the 602 nurses systematically or frequently discussed end-of-life issues with terminal patients, and 19% considered that competent patients should always be told the prognosis of their disease (table 1). Concerning end-of-life decision-making, a minority (8%) were opposed to advance directives, stating that patients should never be asked to make one, and 69% considered that the medical staff should not always obey the surrogate chosen by a patient who had since become incompetent.

Factors associated with opinions towards euthanasia (multivariate analysis)

With regard to personal and professional background, legalisation of euthanasia was supported by fewer women than men, fewer nurses aged 50 years or more and fewer of the nurses who reported believing in a god who masters their destiny than of those who did not (table 1). Training in palliative care and experience in terminal care during the previous 3 years were not associated with attitudes towards legalisation of euthanasia, but district nurses who participated in conferences in the field of palliative care or pain management were less prone to support it.

Concerning nurse-patient communication, nurses who systematically or frequently discussed end-of-life issues with terminal patients were more likely to be in favour of legalising euthanasia, as were the nurses who considered that competent patients should always be told the prognosis of their disease (table 1). Concerning end-of-life decision-making, only 28% of nurses who were opposed to advance directives supported legalisation of euthanasia. Similarly, nurses who considered that the medical staff should not always obey the surrogate chosen by a patient who had become incompetent were less in favour of legalising euthanasia.

DISCUSSION AND CONCLUSIONS

In the present study, 65% of French district nurses were in favour of legalising euthanasia. This attitude was more frequent among those who discussed end-of-life issues with terminal patients (70%), those who considered competent patients should always be told their prognosis (81%), and those who

Table 1 French district nurses' replies to questionnaire item "Euthanasia should be legalized for patients suffering from a terminal illness or an incurable condition" in a 2005 telephone survey

Characteristics	Respondents (among n in this row) who "agree" or "strongly agree"	
	%	Odds ratio (90% CI)†
Total sample (n = 602)	65	—
Gender		
Female (n = 451) (reference)	62	1
Male (n = 151)	72*	1.5 [1.0 to 2.1]
Age		
<40 years (n = 186) (reference)	69	1
40–49 years (n = 236)	70	1.2 [0.8 to 1.7]
50 years or more (n = 180)	52***	0.6 [0.4 to 0.9]
Do you believe in the existence of a god who masters your destiny?		
No (n = 444) (reference)	68	1
Yes (n = 158)	55**	0.7 [0.5 to 0.9]
Specialised training in palliative care (last 5 years)		
No (n = 317) (reference)	66	NS
Yes (n = 285)	63	
Attending conferences or congresses in the field of palliative care or pain management (last 5 years)		
No (n = 293) (reference)	70	1
Yes (n = 309)	59**	0.6 [0.5 to 0.9]
Caring for terminally ill patients during the last 3 years		
5 or less patients (n = 194) (reference)	67	NS
6–10 patients (n = 230)	67	
>10 patients (n = 178)	60 NS	
Discussing end-of-life issues with terminally ill patients		
Rarely or never (n = 384) (reference)	61	1
Systematically or frequently (n = 218)	70*	1.7 [1.2 to 2.4]
Should competent patients be told the prognosis of their disease?		
Yes, but only at their request or if the medical staff feels it is necessary (n = 487) (reference)	61	1
Yes, always (n = 115)	81***	2.6 [1.7 to 4.1]
Should patients be asked to make an advance directive?		
No, patients should never be asked to make an advance directive (n = 46) (reference)	28	1
Yes, always or in certain circumstances (n = 556)	68***	4.3 [2.4 to 7.7]
If a patient has chosen a surrogate and is now incompetent, should the medical staff always obey this surrogate?		
No (n = 418) (reference)	59	1
Yes (n = 184)	77***	2.0 [1.4 to 2.8]

NS, not significant (variables not selected by the stepwise procedure).

* $p < 0.1$; ** $p < 0.01$; *** $p < 0.001$ (Pearson's χ^2 for proportions, Wald's χ^2 for odds ratios).

†90% CI, calculated using a stepwise logistic regression. All variables in the table were initially introduced into the model.

valued the role of the advance directive and surrogates in end-of-life decision-making for incompetent patients (68% and 77%, respectively).

The study has several limitations. Answering questions by phone on a sensitive topic such as euthanasia can be delicate; a closed-ended questionnaire prevents respondents from qualifying or justifying their responses; and we investigated attitudes, not real practice (legal constraints prevented us from asking any questions dealing with respondents' personal experience of euthanasia). Moreover, we used a very general definition of euthanasia that does not state which medical practices are legitimate and which are not. While this is clearly a major shortcoming of the present study, the concept of euthanasia remains ambiguous in most countries, and this definitional problem is common to many earlier surveys.^{28–30} The major strengths of the study are its design (a nationwide survey of a random and representative sample) and its good response rate.

Previous studies conducted among American, Australian and Canadian nurses found that a majority (60% to 78%) supported the legalisation of euthanasia; another study found significantly more conservative attitudes among Japanese nurses.^{13–31–35} These studies also found that younger nurses and less religious ones were more prone to favour the legalisation of euthanasia.^{32–34–36} In contrast, previous studies did not find any difference according to nurses' gender, probably because there were too few male nurses in the corresponding samples. Surveys conducted among physicians rarely found a similar gender effect³⁷, while those carried out in the general population more frequently concluded that men were more

likely to support euthanasia.^{38–40} Further research is needed to better understand this gender effect among nurses, especially because of the ongoing masculinisation of this profession, at least in France.

Our results suggest that French nurses are more in favour of legalising euthanasia than French physicians (in 2002 we found that such legalisation was supported by 36% of oncologists, 45% of GPs and 47% of neurologists²³). The two surveys used the same questions, but this difference must be interpreted cautiously, as the data were not collected in the same year. Nevertheless, other studies have found a similar gap between nurses' and physicians' attitudes towards euthanasia.^{38–41} But a much more striking difference between French physicians and French nurses is clearly apparent when the factors associated with attitudes towards euthanasia are considered.

Indeed, among French physicians, those who felt uncomfortable and showed poor communication with terminally ill patients were more likely to be in favour of legalising euthanasia,^{23–42} while among nurses, good communication with terminal patients and a greater respect for patient autonomy and choice were predictive of support for legalisation of euthanasia. This is consistent with previous studies that showed that nurses' arguments for euthanasia have to do with respect for patients' autonomy and a feeling of responsibility for their well-being.^{9–13–15–36} We also found that attending conferences or congresses in the field of palliative care was associated with opposition to euthanasia, probably because specialists in this field frequently present the development of palliative care

as an alternative to euthanasia.^{18 43} In other words, as supporters of legalisation argue that there is a continuity between patient-centred palliative care and euthanasia, one could expect that care givers who support euthanasia would show more empathy for terminally ill patients; in France, however, this result was found only for nurses, while the reverse seems not to be true for physicians.

Finally, previous studies conducted in a hospital setting found that nurses' attitudes towards euthanasia may cause feelings of guilt, moral distress and powerlessness^{6 14 15 44} and that although many nurses favour euthanasia, they also express a reluctance to administer the lethal dose to the patient.^{33 41 45} Thus, further research is needed to investigate how and to what extent such attitudes may affect nurses' practice and emotional well-being in the specific context of end-of-life home care.

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